

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH - HEALTH REGULATION AND LICENSING ADMINISTRATION
APPLICATION INSTRUCTIONS**

**FOR REINSTATEMENT OF EXPIRED LICENSE
OR REACTIVATION OF INACTIVE STATUS**

**FOR LICENSED PRACTICAL NURSE OR REGISTERED NURSE
IN THE DISTRICT OF COLUMBIA**

We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. This package contains the application for:

**Reinstatement of an expired nursing license or
Reactivation of inactive status**

Follow the instructions provided below and complete all sections of the application. If you require more space to provide explanations for screening questions, attach typed responses to the application.

REINSTATEMENT OF EXPIRED LICENSE

REINSTATEMENT OF LICENSE EXPIRED LESS THAN 1 YEAR

If a LPN/RN fails for any reason to renew their license, the Board shall reinstate the license if the health professional:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits evidence of having met the board's *continuing education requirement (LPN -18, RN-24).

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 1 YEAR BUT LESS THAN 5 YEARS

If LPN/RN fails for any reason to renew their license, the Board shall reinstate the license if the health professional:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits a verification of licensure status, if currently licensed in another jurisdiction

NURSYS: If your licensure status can be verified through NURSYS please complete verification on-line at www.nursys.com. **Attach a copy of your NURSYS receipt to this application.** **Verification by mail:** Submit your verification along with your application in a sealed envelope OR ask verifying board to send your licensure verification to the address above.

Please note: A copy of your license may not be used to verify your licensure status.

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YEARS: Not currently licensed in another jurisdiction

If LPN/RN fails for any reason to apply for reinstatement of their license for more than 5 years after the license expires, the RN/LPN may become licensed by meeting the requirements in existence at the time of initial licensure:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits evidence of having completed a nurse refresher course.

REACTIVATION TO ACTIVE STATUS

A registered nurse or licensed practice nurse on paid inactive status may reactivate their licensure status:

- 1). Submit application to the Board for reactivation licensure
- 2). Pay fee to reactivate licensure status
- 3). Submit evidence of having met the board's *continuing education requirement
- 4). APRNs only: Request certifying body to send verification of current certification directly to the Board
- 5). Submits evidence of having met the board's *continuing education requirement (LPN -18, RN-24).

PLEASE NOTE: Licenses expire June 30th – Odd year for LPNs – Even year for RNs.

THE APPLICATION PROCESS

Upon submission of the required application documents, the District of Columbia Board of Nursing will review your application. Upon final approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, Health Regulation Licensing Administration's (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO FILE

Documents should be sent to the following address:

Board of Nursing
P. O. Box 37802
Washington, D.C. 20013

If you have any questions, call HRLA's Customer Service toll free line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a nursing license in the District of Columbia shall meet the following requirements:

- a. Must be at least 18 years of age; and
- b. Must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

- a. A complete and signed application, including required supporting documents; and
- b. Two passport-type photos of the applicant's face, measuring approximately 2" x 2" with the applicant's name printed on the back. Home snapshots are not acceptable.

COMPLETING THE LICENSE APPLICATION

CRIMINAL BACKGROUND CHECK

To schedule your CBC (Live Scan/Fingerprinting) with MorphoTrust access
<http://www.L1ENROLLMENT.COM/state/?st=DC> or call 1-877-783-4187

Section 1. License Information

Please read this section carefully. Make sure that your name, address, and SSN are correct. If not correct please make corrections in Section 4, on Page 2.

Section 2. Special Instructions- Read Instructions

Section 3. Requested License Type/Fees

- a. There are two license types from which to choose:
LPN – Licensed Practical Nurse
RN – Registered Nurse
- b. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed.

Section 4. Name Change

If your name changed, you must provide a copy of a legal name change document. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Sections 5A & B. Home Address/Business Address

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 6. Screening Questions:

If you answer "yes" to questions A through G, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

PLEASE NOTE: If you have been convicted of a crime or have had actions taken against your license, please provide official documentation which details the outcome or current status of the case.

Section 7. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL INFORMATION

Change of address notification:

You should know that you are required by regulation to report all changes of your business or residence address to the Board within 30 days, failure to do so is punishable by a \$100 fine for first offense and higher for subsequent offenses. HRLA will update the address change in your database record. Requests for address change should be made via fax to 202-724-8471 or letter sent to HRLA at the address in the middle of page 1. Without an updated mailing address, you may not receive your renewal notice.

CONTINUING EDUCATION REQUIREMENTS

RNs: 24 Contact Hours

APRNs: 24 Contact Hours (Must include a minimum of 15 contact hours in a continuing education program that includes a pharmacology component)

LPNs: 18 Contact Hours

*** All documentation of continuing education must be within 24 months of the application date.**

ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED

All documentation of continuing education must be within 24 months of the application date.

CONTACT HOUR OPTION

May be used if you have completed a continuing education offering

DOCUMENTATION NEEDED

An original verification form from accredited continuing education

ACADEMIC OPTION

May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing

DOCUMENTATION NEEDED (any one of the following):

Attach a copy of your transcript OR End of the semester report.

TEACHING OPTION

May be used if you have developed and taught a course or educational offering approved by board approved accrediting body. Four (4) Contact Hours for each approved contact hour. *[Please note: This is not an option for nurses required to develop and teach continuing education courses as a condition of employment].*

DOCUMENTATION NEEDED (any of the following):

Verification form indicating your name, the name of the accrediting body and the number of contact hours OR Letter from an accrediting body acknowledging their approval of your course.

AUTHOR OR EDITOR OPTION

Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed) or editor of a book during the renewal period. Twenty-four (24) Contact Hours Awarded

DOCUMENTATION NEEDED (any one of the following):

Letter of acceptance OR Copy of title page of book or article (for articles, include name of journal, if not indicated on the title page) OR Copy of page listing you as editor.

LICENSE REINSTATEMENT APPLICATION REACTIVATION OF INACTIVE STATUS APPLICATION

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174.

A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Enter all demographic information in this section.

PRINT Full Name & Home address: _____ License Number: _____

*SSN/FEIN: _____ Birth date: _____

Other Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

E-mail: _____ E-mail: _____

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revision Act), **applicants are required to provide a Social Security Number (SSN)** on applications for a professional license. Please provide your Social Security Number in Section 4 of this form.

SECTION 2. SPECIAL INSTRUCTIONS

CRIMINAL BACKGROUND CHECK (NEW REQUIREMENT):

"L-1 Enrollment Services"

L-1 Enrollment: Visit www.L1ENROLLMENT.com or Call 1-877-783-4187

****IF YOU HAVE COMPLETED A CBC FOR THE PURPOSE OF LICENSURE WITH DC HRLA YOU ARE NOT REQUIRED TO COMPLETE ANOTHER CBC. IF WE RECEIVE EVIDENCE OF AN ARREST OR CONVICTION, YOU WILL BE ASKED TO PROVIDE COURT PAPERS**

REINSTATEMENT OF LICENSE EXPIRED LESS THAN A YEAR/REACTIVATION OF LICENSE EXPIRED LESS THAN 5 YEARS. You must:

- Attach proof of having met the CE requirements. Contact Hours: APRNs: 24; RNs: 24; LPNs: 18. For CE Options go to www.hrla.doh.dc.gov (Nursing Application Instructions) or www.cebroker.com

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 1 YEAR BUT LESS THAN 5 YEARS FOR APPLICANTS LICENSED IN ANOTHER STATE/JURISDICTION.

You must:

- Provide verification of current and active licensure by asking your state/jurisdiction of licensure to submit a verification of your licensure status directly to the D.C. Board of Nursing OR If you are licensed in a state that is a member of Nursys verification system go to www.nursys.com to apply for verification of your license.
- Attach proof of having met the CE requirements. Contact Hours: APRNs: 24; RNs: 24; LPNs: 18. For CE Options go to www.hrla.doh.dc.gov (Nursing Application Instructions) or www.cebroker.com *** All documentation of continuing education must be within 24 months of the application date.**

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YEARS FOR APPLICANTS WHO DON'T HAVE AN ACTIVE LICENSE IN ANOTHER STATE/JURISDICTION.

You must:

- Submit evidence of having completed a nursing refresher course.

APRNs must also attach a copy of current APRN certification. You can renew your Controlled Substances Registration (CSR) after you renew your APRN license. Please see attached "DC Controlled Substances Registration Application".

Be sure to keep a copy of this reinstatement form and your payment for your records.

Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address below or email to hrla.doh@dc.gov. This will help ensure that you receive your next renewal notice in a timely manner.

SECTION 3. LICENSE REINSTATEMENT AND FEES – Select the type of action you wish to take for your license.

Please check the appropriate box(es).

	<u>FEE</u>
A. <input type="checkbox"/> RN/LPN	<u>\$230.00</u>
B. <input type="checkbox"/> APRN License and authority	<u>\$348.00</u>
C. <input type="checkbox"/> APRN authority (only), RN license must be active	<u>\$230.00</u>
D. <input type="checkbox"/> CBC (Payment made when you register with MorphoTrust online)	
E. <input type="checkbox"/> CBC (Previously completed for DC Health Professional License)	<u>\$0.00</u>
F. <input type="checkbox"/> Reactivate (Paid Inactive License)	<u>\$34.00</u>

Make check/ money order payable to:
DC Treasurer and mail along with this application to:

Department of Health
Health Regulation Licensing
Administration
Board of Nursing
P.O. Box 37802
Washington, D.C. 20013
Phone: 202/724-8800
www.doh.dc.gov

Licenses expire June 30th Odd year for LPNs – Even year for RNs.

[illegible]

SUFFIX
(Jr, Sr, etc.)

SSN/FEIN CORRECTION * (Required)

[illegible][illegible][illegible][illegible]

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BUS FAX NUMBER

B	Since you were last licensed in DC, have you been convicted or arrested for a crime (other than minor traffic violations) not last reported to the Board?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	Since your last renewal: (1) Have you withdrawn an application for licensure/certification/registration to practice your profession in any jurisdiction? (2) Has any authority or peer review board taken adverse action against your license or privileges? (3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law? (4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
D	Do you have a physical or mental condition that currently impairs your ability to practice your profession?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E	Since you were last licensed in DC, have you been diagnosed or treated for substance abuse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F	Since you were last licensed in DC, have you been involved in a malpractice suit? If yes, provide date of incident, allegation, and disposition of case?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G	Since you were last licensed in DC, have you ever been terminated or asked to resign from employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
H	Once your license is reinstated, do you plan to practice Nursing in the District of Columbia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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